

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	10/001,221
	<b>Filing Date</b>	October 30, 2001
	<b>First Named Inventor</b>	Schall, Thomas J.
	<b>Title</b>	COMPOSITIONS FOR INDUCING AN IMMUNE RESPONSE
	<b>Art Unit</b>	1643
	<b>Examiner Name</b>	Canella, Karen A.
	<b>Attorney Docket Number</b>	019934-004100US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

**20350**

OR

☐ Practitioner(s) named below:

Name	Registration Number

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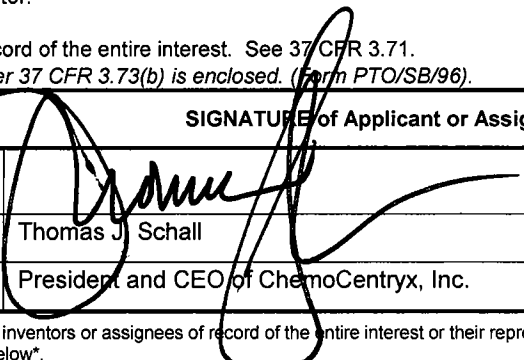
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	9/4/07
Name	Thomas J. Schall	Telephone	650-210-2900
Title and Company	President and CEO of ChemoCentryx, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.